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GENERAL PARALYSIS OF THE INSANE.

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PART IV.

THERAPEUTICS.—Universal medical experience in this disease is briefly condensed in *Bucknill's* remark, that its therapeutical treatment "may hitherto be said to be *nil*, for it is invariably fatal." Yet, he admits that, "*there is no reason, we are aware of, why this should be so, nor why some remedy or combination of remedies may not yet be discovered, with power to arrest and counteract the organic changes which slowly take place in the cord and the brain.*" *Chrichton-Browne* says, "I think it will be admitted that general paralysis is now very commonly regarded as an altogether irremediable malady, and that a majority of those suffering from it are not submitted to any kind of medical treatment. *And yet no very conclusive reason can be adduced for the despairing view that is taken of it.*"

In this, and the following quotations from this author, the *italics are our own*.

"Adverting to the fact that certain cases of syphilitic brain affections, presenting mental and physical symptoms almost identical with those of general paralysis, have recently been entirely cured by anti-syphilitic treatment, he pertinently enquires, 'are we, then, justified in leaving without treatment another group of cases presenting the same symptoms, because we have given them a different name, and have formed, perhaps, a different theory as to their essential nature?' * * * Is it not possible that our professional descendants may look back with pity and censure upon the helpless attitude that we have been content to assume in the presence of general paralysis? Whilst we are folding our hands and waiting for fuller information about that disease, it is destroying its hecatombs of victims, and other

diseases not unlike it have been restrained in their ravages. And the disease itself mocks our inactivity, for occasionally it undergoes something very like spontaneous cure. The symptoms abate and are permanently arrested. More frequently the onward march of the disease is temporarily stayed. But such arrests, temporary and permanent, hold out a prospect of modifying the course of the malady by means of treatment, and mitigation and protraction of a morbid process is the next best thing to its abolition. The revolt against a blind empiricism in the treatment of disease, which was laudable in itself, and has had many happy consequences, has, perhaps, carried us too far into the regions of blank expectancy. *We are too apt to demand a physiological passport of every proposed remedy, and to discountenance the treatment of symptoms.* But surely, in utter darkness, it is better to grope about lest, perchance, a lamp might be found, than to wait in inactivity in the hope of a light being brought. Surely in the case of a very fatal disease, it is better to treat symptoms than to treat nothing. *For to subdue a symptom is sometimes to break up a morbid confederacy, and to modify a symptom is sometimes to obtain a clue to the seat and nature of morbid action.* With our improved knowledge of drugs, they are becoming *prisms by means of which we may analyze the manifestations of disease, and acquaint ourselves with the composition of remote morbid processes.* And hence the employment of drugs in general paralysis may enable us to influence its course beneficially, and may give us an insight into its nature. The former power over general paralysis pursued by drugs is illustrated by the action of the iodide of potassium and biniodide of mercury in retarding its advance. The latter may be illustrated by the action of quinine, which has been shown by Dr. Hammond to induce cerebral hyperæmia, and which, when given in general paralysis in large doses, brings on paroxysms of violent excitement. Valuable results may, I think, be anticipated from a patient, and extensive trial of *Culabar bean*, of *arsenic*, of *veratria viride*, of *chloral* combined with *digitalis*, of *belladonna*, of *muscarin*, and other drugs in general paralysis."

In this last quoted paragraph we have (adding *morphine* and the *galvanic current*) about the whole therapeutical armament of the present allopathic school, in their dealings with this disease.

What better has the homœopathic school to offer? Theoretically, an embarrassing number

* *West Riding Lunatic Asylum Reports*, vi., 174, 1877.

of remedies adapted to meet the requirements of its different symptoms;* practically, perhaps, no more than allopathy has accomplished. With the asylums, hospitals, dispensaries, etc., which our school now possesses in America at least, we have reason to hope in time for a more definite knowledge of what homœopathy can do in the relief or cure of general paralysis. For the present we venture to call attention to certain remedies which, so far as proven, seem to promise the best results.

ABBREVIATIONS used: H., Hale's *New Remedies*, third edit.; B., Baehr; K., Kafka; Hg., Hering; L., Lingen; S., Stapf.

ALCOHOL, by pathogenesis; AMYL. NIT., the epileptoid convulsions of g. p. may be relieved by this. (Read specially H.) ANACARD., loss of memory; ALUM. (B.); ARNICA,† one sphere of its action is on spinal nervous system, characterized by spinal pains; paralysis, of paraplegic form; muscular weakness, which obliges one to sit down; paresis of hind quarters, vertigo, etc., (*Gourbeyre's Mem. Trans. World's Hom. Convention*, 1876); excitation of virile organ (several times remarked by Hahnemann). ANTIM. CRUD. also for sexual symptoms; ARS. (K.); ATROPINE, the striking resemblance between symptoms of locomotor ataxy and poisonous effects of *bell.* and *atrop.* calls attention to them as likely to be useful in treatment of that disease (McClatchy), the latter may be the most useful. H. thinks its action includes the nervous system, "affecting alike the nerves of sensation, motion and the sympathetic;" and that it should be homœopathically prescribed "for symptoms similar to its secondary effects," i.e., symptoms

*Jahr, (*Mental Diseases*, § 138-140); Baehr, (ii, 183-190); Kafka, (ii, 152); Raus (Therap., 79, 524); best of all, Hering's *Analytical Therap.*, the first volume of which is entirely devoted to mental symptoms.

†The (allop.) alienists have made much use of it. Guislain says, "sometimes useful in dementia, in the passage from the acute to the chronic state; and that, in general paralysis it gives repose." In the Dutch asylums it is employed against the tendency to paralysis. Van Der Kolk continually recommends (both flowers and root) in treatment of insanity especially. He says, "radix arnica is indicated in cases with involuntary intestinal evacuations and incontinence of urine, (a condition so often met with); provided the condition otherwise of the patient does not forbid it. If paralytic symptoms appear; e.g., twitchings of the mouth in speaking, stammering, loitering gait,—then the arnica operates beneficially; and in some cases of this sort I have even seen recovery." He prefers it to *mar. vomica*.

of irritation of the motor, sensitive, and vasomotor, or nutritive nerve fibres of the spinal cord, or of the roots of its nerves; or, in other words, in cases of congestion, meningitis, myelitis and cerebro-spinal meningitis. (See, also, Wood and Stille); BARYTA CARB.,* many of symptoms caused by cerebral and spinal atrophy, such as old age diseases, imbecility, paralysis, loss of co-ordination of motion, etc., (Hahnemann). BELLADONNA, (Hg.); BROM. OF LITHIUM; H. notices a case of numbness, vertigo, headache and thickness of speech cured promptly by 30 grs., and thinks it worthy of trial, on account of the lithia in those cases of general paralysis caused by rheumatic metastasis. BROMIDE POTASS., according to same author (secondarily) homœopathic to sexual development of general paralysis; also, in sleeplessness, if there is an overfullness of cerebral blood vessels, in which case 10 to 20 grs. restores their normal calibre, and sleep comes of itself, i.e., is not forced, thus "acting in a physiological (homœopathic) manner." CANNABIS IND., practical results have not yet justified the expectations naturally formed of it; in connection with general paralysis, notice Hale's remark, "it causes canine hunger, but differs from China and other medicines causing that condition, in this, that digestion is equal to the emergency." CALC. CARB.; CAUSTICUM, (B.); COCCUL. IND., pathogenetic, (Hughes); the almost miraculous results from its use, in many varieties of paralysis, adverted to by McClatchy (*Raus's Rec. Hom. Lit.*, 1871, p. 176); imbecility (clinical—Noack and Trinke); bear in mind, also, note, p. 75, July No. of *Hom. Times*, 1877; CONIUM, by pathogenesis, (Hughes). CUPRUM, (Hg., K.); in first stages, followed by *plumbum*, (B.)

GELSEMINUM.—Its nearest analogues are *Calabar bean*, *coniium*; next, *aconite* and *veratrum vir.*; finally, *chloral hyd.* may have a close resemblance, its primary effects are similar to secondary effects of *bell.*, sphere of action principally confined to the motor side of spinal cord, brain and mucous membranes. Like *Calabar* and *coniium*, benumbs the nerves of motion, both voluntary and involuntarily (primary), producing

*Hammond recommends the chloride of B. (in $\frac{1}{2}$ or $\frac{1}{4}$ grain doses, three times a day) in cerebral sclerosis, or atrophy of the brain. The corresponding pathological condition of the spinal cord, known as "locomotor ataxia," he treats with the muriate of baryta, the atrophy in both cases being a result of hypertrophied connective tissue, the real keynote of use of baryta.

death by a condition of general paralysis, or passive apoplexy; while *nux* and *bell.* irritates and excites both sets of nerves, causing death by causing an opposite (tetanic) state, or active congestion of the cerebro-spinal centres. *Nux* and *bell.*, by their secondary action, cause a kind of secondary general paralysis, similar to the primary effects of *gels.* and *Calabar.* *Gels.*, therefore, primarily indicated to *paralysis, general and special, and passive congestions of the brain, spinal cord, etc., (H.)*

HYOS.—Weakness, with exaltation, (Hg.); (a subsequent number of THE TIMES will contain an article on the use of the new alkaloid *hyoscyamine*, in mania, general paresis, etc., very interesting in this connection.—H. R. S.) **LACHESIS**, (crotalus) remarkable weakness of memory, (L.); "the words that were just said to him are as if they were wiped away," (S); makes more mistakes in writing than usual, (Bute); paralysis of lower extremities and bladder, with imbecility, as the subsequent disease, (Parlet); talkative mania, (Hg.) **LUPULUS**, the excessive use of beer containing much hops, produces dullness of the mind to imbecility, (*Noack and Trinks*); **MERCURIUS**, (B.); **NUX VOMICA**,* recommended (by B.), and that in case of failure it be followed by **NAT. MUR.**, which possesses the same grouping of symptoms; easily makes mistakes in writing, and *leaves out syllables and whole words*, (Hahnemann, under head of *Strychnos*); **OPIUM**, greediness, (Hahnemann, *Kampfer, Ward*); staggering gait, (*Reineggs, Schelhammer, etc.*)

PHOSPHORUS acts on nerves of voluntary motion, general paralysis, etc., (R. Hughes, *Brit. Jour. Hom. and Therap.*), also, (K.)

PICRIC ACID, suggested in connection with sexual developments of general paralysis. See, also, remarks of S. A. Jones, (H.); especially closing remark, "that *deranged innervation is the first link in the chain*" of its action, and that "the type of its secondary action is *deranged nutrition*." **PLUMBUM**, takes cerebralis et spinalis, (B., K.), see also *cuprum*. **PLATINA**, for the pride and self-grandeur of the disease,

*The close resemblance between certain stages and symptoms of alcoholism and general paresis, must suggest to the homœopathist the value of this remedy in the latter disease. *VAN DER KOLK* says, "*Nux vomica* may, at the outset of paralytic symptoms, operate beneficially, and in the advanced stage, till dementia lays hold of the patient."

also, (K.) **RHUS. TOX.** corresponds in the third stage, (B.); also, (K.) **SECALE**, (B., K.) twitchings and shocks; speech, gait, and some mental symptoms, (Hennig); increased appetite, to greediness, (*Richter, Roemhild, Taube, Oswald*). **SILICEA**, (B.); **SULPHUR**, in late stages, when the disease comes to a stand still, and we wish to work up the obsolete exudations, (B.) **STRAMONIUM**, for many symptoms of speech and gait, (Hg., K., *Pfennig, De Guid, Franz*). **STRYCHNIA** (K.) holds same relations to *nux vomica* as *atrop.* bears to *bell.*; affects nervous system exclusively, therapeutically, the action of *strychnia* and *nux vomica* differs only in degree, *nux vomica* causing all symptoms of *strychnia*, but latter will not cause all those of *nux vomica*; being an alkaloid, *strychnia* is but one constituent of *nux*, thus represents but a part of its power. *Strychnia* is (primarily) homœopathic to paralysis, from myelitis, meningitis, pressure on, hemorrhage or congestion, or softening of cord; (secondarily) homœopathic to paraplegia from exhaustion, of spinal cord, spinal anæmia, reflex paraplegia, hemiplegia, or white softening; also, in all cases where it was primarily indicated, but after all signs of irritation have passed away, leaving paresis of motor-nerve centres. In this condition the whole organism, or a portion of it, may be paralyzed or in a state of paresis, in which the functional activity is far below its normal condition. There may be present cerebral paresis, with resulting dementia, idioecy, melancholy, and even brain softening. (H.), who recommends the *phosphate of stry.* when the cerebral functions are involved, or when symptoms seem to call for *phosph. acid.* or *phos.* **VERAT VIR.**, pride, (Hg., K.), corresponds to second stage, (B.); see also (H.); **VIPERA TORO**, (H.); **ZINC**, phosphide of; see (H., *Hammond, etc.*)

General Treatment. Mental and physical rest, fresh air and exercise, lukewarm baths, good, nutritious food; a little wine, (no tobacco), galvanism, careful oversight to prevent injury, accidents, formation of bed-sores, or access of influences which might arouse undue excitement—all of which, without doubt, can best be obtained by the placing the patient in an *asylum* as soon as the nature of the case is truly apprehended. Old friends, and associations and employments, as well as much travel, should be avoided. Control should be firmly maintained, and as much as possible, by kindness and tact, rather than by contradiction.

THE BUGBEAR, ISOPATHY.

BY SAMUEL SWAN, M.D.

(Read before the Hahnemann Academy of Medicine.)

THERE has long been felt by some members of the homœopathic school, a dread of being charged with practicing *Isopathy*, as if it were some great crime, or a disgraceful act, one leading to specific treatment, a falling away from the teachings of the Master, an act that any gentleman who had professional or personal respect, could not be guilty of without disgracing himself, and degrading the school to which he belongs.

It is time for the profession to be disabused of this idea, and being freed from this incubus, we shall look to more rapid growth as *true healers*, of the studious and thoughtful members of our profession. I therefore propose a brief examination of this subject.

Isopathy is a mode of curing disease by the product of the disease, in the same condition as when procured, thus curing an ulcer by bringing another ulcer or its product in contact with it, or in the use of the same substance which poisoned, to cure the result of the poisoning. Thus the result of massive doses of *mercury* or *quinine*, must be cured by equally massive doses of *mercury* or *quinine*.

This is *Isopathy*. I do not know any one that practices it, but I did hear of a physician who applied a flannel bandage, saturated with a *rum punch*, to the leg of a man suffering with *gout*. But as I did not learn that the *gout* was caused by *rum punch*, its application must be considered *empirical*, and as that means the "medicine of experience," it should be denounced as hanging on one of the two horns of the dilemma, *isopathic* or *empirical*.

If any product of disease, or if any poison—mineral, vegetable or animal—is potentized, it is no longer the same thing, but another thing; so different from the original product or poison, that it cannot by any known tests be identified, except by that most delicate dynamometer, the diseased human organism. Now experience has shown that these potentized drugs, coming from natural sources, outside of the sick patient, are curative of those conditions produced by massive doses; while morbid products potentized *will not* cure the poisoning in the patient from whom it is taken, but that it *will* cure the similar con-

dition in another. The most efficacious preparation of *syphilinum* failed to produce the *least* effect on the patient from whom it was obtained, while that procured from a different source had a very marked effect.

It is often said, "It is well known that diphtheria, small-pox, scarlet fever, etc., often cease and determine without any treatment. Therefore, how do I know that the diseased condition was shortened or cured by the potentized virus of those diseases?" I answer, "This as an argument, if good for any thing, applies as forcibly to *any* medication." "But," I am told, "the other system of treatment is by well proven drugs, and your remedies are given empirically, for there are no provings of them." I reply, "The converse of such an argument is, that if proven they would not be empirical but homœopathic, in spite of *isopathy*." And here let me show the fallacy of such hair-splittings. It is well known to all present, or perhaps I had better say, that some of you may have heard that provers of brandy often wake in the morning with a pain and great heat in the coronal region of the head. Now, if I give potentized brandy for such a pain and heat, not knowing its cause, and cure it, it is a homœopathic cure; but, if knowing the cause, I cure it, it is *isopathic* and *empirical*, and injurious to the cause of true homœopathy.

What is a proving? It is the effects produced upon the human organism in a healthy condition, by *any* substance, which effects are made manifest by certain perturbations called symptoms. If a person is bitten by a poisonous reptile, the effects produced show themselves by certain symptoms which are peculiar to that particular poison; but every person so bitten will not be affected exactly the same, for while there may be symptoms that appear in all, there will be certain other symptoms that are peculiar to each individual, controlled seemingly by each different temperament and constitutional condition. Again, the process of incubation varies according to the idiosyncrasy of the individual. *Medorrhoin*, in one instance given in a high potency, caused violent coryza in a few minutes. In another, a severe influenza after three weeks, and with no intervening symptom. In a third, it caused swelling and ulceration of the right sub-maxillary glands seven months after the ingestion of the drug, and incapacitating the

prover for many months from attending to the duties of his profession. Again, the poisoning may be followed, at intervals longer or shorter, with acute or chronic conditions, caused by the poisoning going into partnership with some existing chronic miasm, and thereby producing complications, so that it is very difficult to cover the totality of the symptoms with any one drug. This is the case when syphilis supervenes on a chronic psora; and experience shows the truth of Hahnemann's statement, that the syphilis can not be cured before the psora. A poison in the system is manifested by symptoms, which are the pathogenetic effects of that poison, and when that poison is potentized it is invested with all the qualities of the poison. Therefore, psora and syphilis, when presented in the form of *psorinum* and *syphilinum*, are not the same thing, but a different thing; and if these productions so potentized were proven to the utmost limit, they would produce the most characteristic effects of the original miasms. Hence we see, in administering those drugs, when the marked symptoms of those miasms show themselves, we are practicing the purest homœopathy. For what remedy so fully covers the totality of the symptoms in all their length, breadth, height and depth, as the poisonous morbid matter that produced it. That they do cure has been proven not only with *psorinum* and *syphilinum*, but with many other remedies not noxious. Noxious substances are not the only, nor the most efficacious remedies for the sick. There is no article of food but what, if potentized, would be found a curative agent, and these of all others should be carefully and thoroughly proven. Many cases could be cited in confirmation of this statement.

Dr. Skinner, of Liverpool, was enabled to eat cucumbers with impunity, after one dose of *curcuma*. A member of this Academy can bear witness, that she was enabled to eat clams after a dose of *venus mercenaria*, (the common Shrewsbury clam). A lady who suffered terribly after eating milk, was enabled to live on milk after a few doses of *lac vaccinum*. Spanish Mackerel or blue fish, caused in a lady an itching rash all over the body. She was entirely relieved by a few doses of *scomber scomber*, (the common mackerel). Persons unable to eat strawberries or peaches, can do so freely after a few doses of *fragraria vesca*, or *persico succus*.

Variolinum does cure small-pox, the quicker

when given in high potencies, and many physicians who have used it can testify to the fact.

And just here, a word as to the objection to provings with high potencies. When they can inform me what ponderable quantity of miasm is required to communicate an infectious disease, or a chill and fever; or how much syphilis is in a kiss, which thus introduced into the organism, Hahnemann says, unless treated, would never leave of itself, I will be willing to discuss the question; till then I rest on my own experience, and advise others to do the same.

The diseased conditions or symptoms caused by psora, Hahnemann has given us in the first volume of "Chronic Diseases." This is the symptomatology of *psorinum*, and the provings have failed to add any important symptoms to the list. Hahnemann, in "Chronic Diseases," and "Lesser Writings," has given us the symptomatology of *syphilinum* in the same way, by showing the effects of syphilis; add to this all we can gather from old school experience, even down to the *British Medical Journal*, of Jan., 1877, and we have a proving of *syphilinum* that would fill one-third of a volume of *The Encyclopedia of Pure Materia Medica*. Daily experience proves the truth of these provings. Any physician that neglects the study of these two drugs, or fails to realize the fact that the miasms which produce them, lie at the foundation of all disease, is blind to the interests of humanity, to his patients, and to his own interests.

Not to investigate them with all his ability, is to be false to his duty; and, if after so doing, he fails to realize the truth, he will be absolved from all neglect, and his conscience will not reproach him.

Those who use these morbid products are warned of the danger of *empiricism*. The true meaning of *empiricism* is "the medicine of experience;" proven drugs are the medicine of experience, *par excellence*. Therefore, "The Encyclopedia of Pure Materia Medica" is pre-eminently empirical, although it omits the best part of the "medicine of experience," *clinical observations*, and all the wealth of provings cannot compensate for the omission.

Empiricism, in its worst sense, is classified as quackery by the *regulars*, who, if regular in any thing, it is in their total lack of scientific treatment of the sick.

But I have heard homœopathic physicians denounce isopathy and quackery, who give *aconite* and *belladonna*, or *rhus*, or *bryonia*, in alternation, as the first prescription in almost every case called to, and make topical and local applications, who sneer at high potencies, of which they are profoundly ignorant; and have no faith in homœopathy, who never read the "*Organon*," or study "*chronic diseases*," who shudder at empiricism, and give *nux vomica*, regardless of symptoms, to a patient coming from allopathic hands; and think it empiricism to give *psorinum* or *syphilinum* to a patient, when, if they would only open their eyes, and use the senses God has given them for the purpose, they could see *psora* or *syphilis* in every line of the countenance.

They may be scientific, and talk learnedly of the pathology of the case, but they are not homœopathic after the order of Hahnemann.

My friends,—and I speak to the younger members of the profession,—if you wish to become great healers and great homœopaths, never sneer at what you do not understand. Remember, that there is a bare possibility that somebody may know something which you do not. Try for yourselves; prove by experiment, and honestly and with manliness acknowledge that you don't know. No man living, or whoever shall live, can scale the heights or sound the depths of homœopathic possibilities. Do you find our great men, our Herings, Dunhams, Lippes, Guernseys or Wells, sneering at new discoveries, or ridiculing provings made with inert substances and high potencies? It is only *little men* that call such things nonsense and moonshine. Great minds receive, think, prove. Nearly ten years since I told Dr. Dunham of the success attending the use of *lac coagulum* in morning sickness in pregnancy. Did he sneer and smile superciliously? No; he asked for some immediately, and last spring spoke with great satisfaction of a most splendid cure he had made with it of a case of chronic emesis, which he had been unable to touch with other remedies.

The milk provings which the New York State Homœopathic Medical Society, six years since, resolved, brought disgrace upon homœopathy, Dr. Hering, who needs no eulogy, found worthy of being copied with his own hand, and refers to them as "most valuable provings." Such men do not sit with folded hands because there is

nothing more for them to learn; but great knowledge brings great humility, and they sympathize with Newton when he said, "I am but a child, gathering a few pebbles on the beach, and beyond me is the illimitable ocean." Our studies can never end in this life; but we have that glorious promise, "What thou knowest not now, thou shalt know hereafter." Therefore, as St. Paul, who was evidently a homœopathist, said, "Prove all things: hold fast to that which is good."

DIFFERENTIAL DIAGNOSIS BETWEEN COLD ABSCESS AND DISLOCATION OR FRACTURE OF JOINTS.

BY PROF. C. H. VON TAGEN, M.D., CHICAGO, ILL.

IT has occurred in a number of instances throughout my own experience, that my attention has been called by practitioners of medicine, and others, to cases of tumefaction and swelling in the vicinity of important and noble joints of what appeared (and would to a casual observer) at a mere glance of the case, dislocation of, or fracture into the joint. This conclusion may have been strengthened somewhat by the history of the case, when learning that an injury, either remote or possibly recent, had been the inciting cause. Usually the cause is found to be remote, and the immediate effect of the injury, for the time being, seems to have subsided and passed away. So frequently is this the case that it becomes somewhat difficult in such instances to trace the trouble after a lapse of time to a definite cause, and equally difficult to diagnose. Close questioning will generally reveal or elicit a cause. My object in penning these lines is to point to the principal differential symptoms between these important surgical conditions that form the caption of this article, so as to enable those who are not familiar with the subject, to recognize *early*, and thus by means of prompt and well-directed preventive treatment, arrest complications, and even prevent disastrous results.

It is particularly among the young, and occasionally when in the case of infants that difficulty is experienced in making a clear diagnosis, especially when summoned in the incipient or early stage of the abscess. It is at this particular period that the treatment herein given will be found most successful. From adults, as a rule, a more comprehensive and decided history may be obtained; still even in this class of patients much the same difficulty is not unfrequently met with. It is customary to forget the occasion of an injury or blow, especially when the effects have apparently passed away. As an illustration I will briefly relate the history of a case recently

placed under my care for treatment. I was summoned to attend a little boy aged twenty-one months, of phlegmatic temperament, whose left elbow presented an eminence near the inner condyle of the humerus that gave to the part the appearance of an unnatural prominence, that at first glance might suggest dislocation, as before remarked. The child's general health appeared very little disturbed for some time after the swelling had been first noted by the mother, with the exception of an uneasy feeling and slight restlessness, a desire to favor the side corresponding to the affected limb, especially when lying in bed, there was nothing further elicited by way of information on my first visit. Recently he has favored the affected limb somewhat, but would use it occasionally, proving that in so doing it did not cause much pain, if any. The child was still inclined to play about during the day, but was restless, principally at night. When the joint was gently exercised he did not evince any symptoms of actual pain; but *latterly*, when attempts were made to manipulate the part he would resist and try to prevent it, and yet without any evident suffering.

I was called July 26th, 1877, to the case, and found the child, on my arrival, playing about the house. He willingly submitted to an examination of the limb. The swelling was somewhat prominent, and as large as a hen's egg or thereabouts. It was hard, firm, and very little, if any, unnatural redness about it. Flexion and extension, pronation and supination could be readily made and was performed voluntarily by the patient without causing much, if any, pain, but some uneasiness was apparent. This single fact disposed of the question of dislocation. There was an entire absence of crepitus also, and the suppleness of the joint likewise contra-indicated the presence of fracture. I noticed a little unnatural heat in the palm of the hand of the corresponding limb, and a slight increase of circulation, his face becoming occasionally flushed. The child's mother upon being interrogated, stated that he was rather thirsty of late and asked for drink frequently. Urine was scanty, a chilliness by spells, and had sour-smelling sweats at night. He had a somewhat variable appetite, but when he partook of his food seemed to relish it. Lately he has favored the limb more than usual. Pressure upon the swelling does not seem to cause much pain. Early in the examination I asked for a cause, but none could be given by the mother. He appears to grow more restive each day now, and desires to be more or less on the go. I finally elicited the fact that the child had fallen. It was no unusual circumstance for him to do so, but the mother had forgotten this circumstance, and attached no importance to these mishaps. About four months prior to the time in question he fell from his bed, and struck the affected elbow on the inner side, and at a point corresponding to

the part alluded to. The child was of a fair complexion, light hair, blue eyes, and had very smooth skin, with a rather firm feeling of all the soft parts. The case is one of *cold abscess*, by some writers termed *lymph abscess*; by the Germans *kalte abscesse*, or *lymphgcs chroûlste*; and by the French *abcès froid*. They are the sequence of a general *cacochemic* or *dyscræic* affections, and may arise spontaneously from this cause alone, and appear in one or several places; or may be excited by external injury.

The term *diathesis purulenta* may be very properly applied to the condition of system that gives rise to these abscesses. They may locate any where, most commonly, however, at the seat of injury; or if spontaneous, between the shoulder blades, on the chest, upper part of the thighs, about the loins, or in the neighborhood of the neck, on either side, and they present the following symptoms. In adults, and those who are apt to notice, the first that attracts the patient's attention is a sensation of tingling or itching, and somewhat of a prickly nature, at the point where the abscess locates. This gives place to a dull, aching pain, as the swelling develops. No discoloration, but an elastic, non-fluctuating swelling, which is not as a rule painful, and at the most gives forth simply a feeling or obscure sensation of tension and weight. The tumefaction gradually enlarges, and at times attains a considerable size, when fluctuation may now be observed, and the symptoms of a disturbed assimilation becomes more marked. After a shorter or longer time the swelling may become sensitive, the skin overlying it reddens a little, and becomes somewhat tense. The base of the tumefaction still remains hard, and conveys to the sense of touch the feeling of a dense fibrous ring or ridge surrounding the base, and continues thus until suppuration is complete. The general appearances mentioned already are now more decided. Febrile action sets in, and the patient will now present a somewhat *cachectic appearance*. The integument over the seat of the abscess becomes thin, and if left long enough to itself will open spontaneously, and a quantity of thin pus-like discharge, at times putrid and offensive, is then evacuated; this being followed with a clear discharge, which if the neighboring bone be involved, will present an ichorous character. By this great loss of fluids, colliquative sweats and purging from the bowels ensue, and the recuperative powers of the system give way to an extreme degree of prostration.

A very important point that I wish to emphasize just here, and upon which *much depends* in the way of success in the treatment of this class of cases, is an *early and free incision*. I regard these cases much in the same light as the malignant ulcer or tubercle, carbuncle, whitlow or felon as to treatment. The sooner it is freely opened and evacuated of its contents, the better for the patient.

Authors who touch on this subject describe the contents of this class of abscesses as "*thin, watery, flocculent, and at times ichorous*," especially if the contiguous bone be involved, and in a state of caries or necrosis. My experience has been, since I first began this method of prompt treatment in this class of cases, that an early and free incision, and before fluctuation can be distinctly detected, is the most effectual surgical remedy. Make a free opening into the tumefaction, parallel with the structures involved, and my word for it, there will not be any bone complications nor constitutional implications, followed with ichorous pus, etc., nor other grave symptoms, such as are narrated as among the direful results that are sometimes attained by *waiting too long*. I make bold to assert, when such complications arise it is because of the delay in making *an early incision*, and evacuating its contents *effectually*. I have never noticed pus, such as most writers describe, in any one of the large number of cases that I have been called upon to treat, *when timely and free incisions were made, and the contents pressed out*. The pus at this stage seldom if ever escapes of itself. It is non-fluid, and too condensed yet to escape unaided, even when a free opening is made. Usually it has to be pressed out. The contents that came away from the case in point, was equal to at least three table-spoonfuls, and it came *en masse*. I do not wish it here to be understood that I blindly and unqualifiedly recommend the use of the knife from the sole fact of its being an inert and painless swelling, but when the history of the case from its inception points to its true character as one of *cold abscess*, the sooner it is opened, I repeat, the speedier will be the relief and cure effected.

The former cold abscess herein referred to, should not be confounded with Hunter's description of "Collections of matter without inflammation." These, he states, are of a scrofulous nature, and are very different from the form under consideration; nor yet are they identical with those known as cold abscess of the *Saracen school*; the chronic abscess of modern surgeons, mentioned by Boyer, Craigie, and others, caused by chronic inflammation. Surgical writers, both of ancient and modern date, differ materially in their views in regard to the classification of abscesses.

Pus examined, microscopically, from a cold abscess, will be found rich in fine molecules, and rather poor in well-developed pus cells; and this may be accounted for because the pus has been so long enclosed or imprisoned within the structures of the body, and is changed or transformed by disintegration of what was pus cells into molecules, effected, no doubt, by chemical decomposition; by the latter, rich excretions of fat, especially of cholesterine crystals, are formed. To the naked eye the appearance of the pus is changed by these metamorphoses, for it is when

fully developed, thin, clear, and even ichorous, thus differing from the acute forms. It has a disagreeable odor, not unlike fatty acids, and may continue like fibrinous flocculi and shreds of necrosed tissue, which in reality it is. Cases are on record in which months and years have elapsed before suppuration has fully established itself, or has been recognized. The case in point has been of five months' duration. In extreme cases, when the abscess has existed for years, the ulceration of its secreting structure or periphery finally ceases, and the limit is transformed into a cicatricial tissue or capsule, otherwise termed pyogenic membrane; the contents then become en-capsulated. In such cases the pus presents the appearance of an emulsion-like fluid, containing occasionally crystalline fat, and at times not a trace of pus cells is to be found.

In a condition like this it could hardly be inferred that the sac in question had ever been an abscess, if the antecedent and previous history of it had not unquestionably pointed to its true character. Still more rarely, in the course of a long period of time, when the cold abscess ceases to grow and develop, there is absorption of the contents take place, and a cheesy material is the result in its stead. When the pus forces an exit, and is evacuated under otherwise favorable circumstances, there will probably be healing, provided attending circumstances are favorable. This condition of affairs can only occur, provided ulceration on the inner wall of the abscess ceases, which usually occurs only when there is sufficient development of blood vessels in the wall structure of the abscess cavity itself. Under the influence of these the inner surface of the abscess changes into a vigorous granulation tissue, and then it condenses or atrophies into a cicatricial tissue, and the opposing walls of the cavity gradually approximate, come in contact and unite, just as it does in the healing of an acute or inflamed abscess. The pus escapes from the incised cavity, which grows less, and ultimately ceases altogether. At times, and subsequent to this, there may still be found by the sense of touch, the subcutaneous cicatrix, the same as a hard callous or dense thickening, like unto fibrous tissue; this in the course of time also passes away, doubtless by absorption, and what formerly was the abscess cicatrix, again assumes the characteristic features of what appears to be ordinary healthy tissue. This method of healing is exceptional, but unfortunately the general and local conditions are occasionally of such a nature that following the evacuation of the pus, when fully-formed acute inflammation with febrile symptoms invade the abscess and system, as before stated when miasma and a hectic condition ensue, also pyæmia; or else, in spite of the evacuation of the pus contents, the chronic ulceration travels on slowly but surely in the lining membrane or inner walls of the abscess cavity. In such instances the openings

of these large and frequently deep-seated cavities continually pour out a thin acrid and foetid pus. The opening or exit of an abscess, whether it be small or large in diameter, is properly termed a fistula.

I will now, as a contrast, briefly refer to a form of abscess which does not originate at the point where first seen, or where it originates, but which migrates to a certain distance from the place of beginning. This is accomplished by the gravitation of the pus, due partially to ulceration, this having progressed in a certain direction. As an illustration, I will cite suppuration along the anterior wall of the spinal column, this following, as it does, the course of the loose cellular or connective tissue posterior to the peritoneum, thus it gravitates along the sheath of the psoas muscle, and declares itself finally as an abscess, beneath and below Poupart's ligament. This form of abscess is termed *congestive abscess*, lumbar abscess, etc. Imagine now this same process of suppuration transferred to the tegumental surface or to a membrane, we should then have an open flat ulcer or *ulcus*.

Chronic inflammation may assume other types than those referred to herein; but we cannot, without taking too much time and space, afford to go into the minutiae of them, or even a general description, but one other form or variety I will briefly allude to, and it is technically known, in the transition stage, as *Caseous Metamorphosis*. This appears as a central focus or yellow spot, and constantly increases in calibre and numbers. The vascular condition here also, as in suppuration, keeps pace with the cell formation, and this may be designated the local cause of the disintegration going on, and has been termed "*caseous ulceration*," also "*vascular dry or senile necrosis*." In this form as in suppuration, the failure of the vascular supply to keep pace with the cell formation, is the local cause of the disintegration. When these yellow spots are found in the cadaver, they are thought to be dried collections of pus, but such is not the case, or at least very rarely. Most of this cheesy collection was from the first or primarily what they are now, and were never fluid pus. There are morbid conditions noticed at times in mankind, in which during chronic inflammation this caseous formation occurs in place of suppuration.

Treatment.—It has invariably been a rule with me in cases where any difficulty or doubt is encountered, in obtaining proper and sufficient indications as to the selection of the true homœopathic remedy; or when called to a case, as in this instance, some considerable length of time after the injury was received, and also when subjective symptoms cannot be obtained, to select the remedy in accordance with the prime cause that induced the condition of abscess herein described—or any other ailment—to give the remedy that was called for in the first instance. To illustrate this feature, and to render it more explicit

and comprehensive, I will simply add, although this case occurred months before as a result of an injury. I accordingly gave *arnica montana* 30th. The objective symptoms present in this case, but especially the cause, pointed to this remedy. Two days later I called again and found all the symptoms had abated, the tumefaction now presented a somewhat reddened appearance, though still hard and non-fluctuating. Hot poultices were ordered, and to be renewed three to four times daily.

July 28th. Gave *hepar. sulph.* 30th, with a view to facilitate suppuration—which now seemed to be inevitable—as well as for the constitutional condition, which was somewhat strumous; and this was repeated every three hours during the day. Each successive day, to the number of five, the poulticing and *hepar.* were continued. The tumefaction now began to display some evidence of suppuration. I then made a free incision, corresponding with the structures involved. No flow either of blood or discharge followed the knife, or took place until firm compression on both sides of the incision was made. By this means I succeeded in evacuating the abscess. Its contents consisted of a mass of disintegrated tissue, not sufficiently disorganized to constitute pus, yet possessing sufficient firmness to prevent it from flowing. Its consistency and structure bore a strong resemblance to the core of a bile or the slough of a carbuncle; and probably its true nature was cellular tissue in the incipient or intermediate stage, between a normal and a suppurating condition, semi-disorganized. It was bathed in a yellow 'pus-like and thick material, allied to that of purulent discharge. Upon making an examination of this material, and seizing it with the forceps, it could be lifted bodily and held suspended, in the same way as a sloughing mass, possessing, as it evidently did, some integrity still. This condition of the contents may be due to the partial or non-development of the lining or pyogenic membrane, the pus-secreting structure, that invariably lines all forms of abscess when developed; and that secretes pus. Its tenacity is possibly due to the presence of fibrous tissue, which is the last structure to yield. Another advantage I have invariably noted in these cases is the promptness with which the part responds and becomes restored to a state of health and vigor, as well as the patient himself. After thoroughly cleansing the cavity with some tepid carbolized water, three to five drops to the oz., the poultice was re-applied, secured by roller, and a good nourishing diet ordered.

Aug. 1st. Patient has done remarkably well: there has been prompt response to the treatment in all respects. The suppuration has been very limited indeed, and the cavity is granulating rapidly. Tumefaction almost entirely removed, still some hardness circumscribing the base of the swelling. Child sleeps quietly, and has done

so from the first night after the administration of the *arnica*. Treatment continued both locally and internally.

Aug. 3d. Patient is convalescing rapidly; the discharge has entirely ceased; has not been profuse at any time. Incision has almost closed notwithstanding the poulticing. Treatment will be continued, simply exchanging a dressing of weak carbolic oil in place of the poultice. Proportions: *carbolic acid*, m. \dot{v} ., to *linseed oil* (boiled) f $\dot{\text{z}}$ i.

Aug. 10th. The child was brought to my office looking hearty and well. His father informed me the arm had been healed for several days, and it required no further attention locally. Renewed the *hepar*. morning and night, and will continue it once or twice daily for some time, with a view to control the dyscrasia and purify the system. This forms but a single example of many and more complicated cases that I have treated with equally prompt results. The diet consisted chiefly of beef tea, made in an open glazed-lined earthen vessel, fresh every day; milk toast, soft boiled egg, and when prostrated, milk punch, carefully administered; fruit in season, unless the condition of the bowels contraindicate it.

In conclusion I will state, there are other remedies called for in many cases than those I mentioned. For instance, *merc. sol.*, when there is syphilitic complications, and when mingled with a strumous diathesis, the *merc. iod.*; *silicia* for thin, watery, ichorous pus; *graphites* for gum-like discharge; *kali-bich.* for long, shreddy, stringy discharge; *calc. phos.* for flocculent and fetid pus; *nit. acid.* and *phosphoric* for caries, or even necrosis of bone, etc.

Clinic.

PROGRESSIVE MUSCULAR ATROPHY.

BY N. EMMONS PAINE, M. D.

MALE, was admitted Nov. 23, 1874, aged 58, to the New York State Asylum at Middletown; lawyer; temperament, sanguine.

In 1854, at thirty-three years of age, when walking one day, he was seized suddenly with a peculiar sensation extending over the whole body, more like a twitch than anything else, which was more plainly expressed anteriorly just above the knees. This was momentary, causing a delay of only a few seconds, and then he went on again, without remarking any bodily change or weakness.

During this time he retained consciousness. There was no sharp or neuralgic pain then, and there has been none since. He then began to use a cane, as it gave a greater sense of security,

but some time afterward he noticed a weakness and dragging of the limbs, and the physician called, discovered an atrophy of the gluteal muscles of the right side. Afterward a decrease in the size of the leg, above the knee, was observed. Soon the disease had advanced to a point, where it remained apparently stationary for about three years. Between three and four years after the beginning of the disease, he had a severe attack of colic, lasting twenty-four hours. Following the onset was a partial paralysis, more marked in the legs; following the colic was an almost complete paralysis of the legs and arms. A period of several weeks elapsed, both times, before the atrophic changes were accomplished. During the intervals, the first, from the first paralytic condition to the attack of colic, the record, from the more paralyzed state succeeding the colic to the present, there has seemed to be very little progress of the disease.

There has been no observable order in the march of the atrophy. The corresponding muscles of each side were attacked, although those of the right are more atrophied than those of the left side. When upright, he stands on the left foot. There is no perceptible weakness of the muscles of mastication. The right sterno-cleido-mastoid and right deltoid are more atrophied than the left, and both supra-spinatus muscles are atrophied; the scapulæ are drawn together, making a deep furrow between them; the spinal muscles are atrophied, causing a difficulty in keeping the body erect; the abdomen is retracted, the chest thrown forward, and the neck and head drawn backwards in standing. The anterior humeral muscles of both arms have disappeared, so that flexion of the fore-arm is accomplished only by rotating the hand and bringing into action the supinator longus. The best preserved muscles of the whole body are those of the fore-arms and hands. There is no atrophy of the balls of the thumbs. The glutei of both sides are affected, but those of the right side, where the disease was first noticed, appear to have almost disappeared, giving a doughy feeling. All the anterior muscles of both sides are atrophied, together with the lateral, so that the femur appears to have a covering of little more than skin and fascia. The posterior muscles are somewhat better developed, but are not strong. It is impossible for him, when sitting, to straighten

out either leg. The muscles of the calf of each leg are much wasted; the anterior, tibial, and the peroneal are also attacked, those on the right side more than the left; and the third toe of the right foot is drawn outwards, this being the only distortion. The muscles of the eyes are also affected, although not very severely, so that they cannot be moved so widely as normal; and the eyes have a jerky movement; they have a staring expression; the upper eyelid is raised more than usual, and the eyeball is more prominent. Whenever looking at a side object the face is moved toward it, instead of using the muscles of the eye. The pupils are of normal size, but not easily dilatable.

All the special nerves are somewhat dulled, hearing and seeing more noticeably so. These can however be stimulated by tobacco or tea, and they will then act more naturally. He always takes a small chew of tobacco, in order to dress in the morning; and after a cup of tea he can converse much better than without any stimulus. Protracted conversation or thought, or any emotional excitement, causes enlargement of the temporal artery, "congestion of the head," and headache, which is soon relieved by lying down. This is a dull pain in the back and base of the brain, extending down to the second or third cervical vertebra.

The paralysis is commensurate with the atrophy. He is easily tripped or pushed over, and when down cannot raise himself up again. There has never been any numbness of the affected part, but sensation appears slightly dulled. He is not over sensitive to cold; the extremities are not cold; his bowels act regularly. He can stand as readily with his eyes shut as when open.

A brother of his father, died of paralysis, not apoplectic, but the cause is not known. One brother died at twenty-three, of consumption; another had scrofula and curvature of the spine, and died at fifty-four years of age of heart disease and diabetes. There is no known cause of the attack: he had never received any injury, had not been exposed to wet or cold, and had not over-exerted himself. He had been suffering before the attack from dyspepsia, and was depressed by some private affairs.

This case is remarkable for five reasons. First, The point of attack—the glutei and muscles of anterior femoral region. Second, The muscles of the thumb, the most common origin of the

disease remaining still free. Third, The muscles of the eye being implicated. Fourth, A marked advance of the disease after a colic. Fifth, The duration, twenty-three years.

TYPHLITIS ET PERITYPHLITIS.

(Reported by Bukk G. Carleton, M. D., Member of the House Staff, Hom. Hospital, W. I.)

W. I., æt. 47, admitted to hospital April 24th, 1877. One year ago while lifting a boat (he being at that time strong and healthy), was seized with a sharp pain in the right inguinal region, which was followed about two months later by a tumor. Soon after a diarrhœa supervened, which continued gradually increasing in severity. On examination, a hard, indurated tumor, with distinct edges, was discovered, extending from the right anterior superior spinous process of the ilium, downward, and forward three inches; then upward and inward to near the linea alba, whose outline thence curved upward, and outward, to a point one inch above, and posterior to the point of origin; and thence along the crest of the ilium to starting point. This was very sensitive to manipulation, and the seat of a constant burning pain.

Had from twenty to twenty-five stools per day, which were yellowish, fermented, watery, and offensive, followed by great straining and prolapsus ani, the desire coming on suddenly, and driving him out of bed early in the morning. Face: pale, sallow, and anxious; tongue: spongy, papillæ obliterated; an unpleasant sticky taste in the mouth, with a slimy mucus in the larynx, raised with great difficulty; appetite poor. Patient greatly exhausted and emaciated.

R Sulphur 30.

May 15th. This remedy was continued four days without result, when *podophyllum* 30, *arsenicum album* 30, *mercurius cor.* 3, and *colocynthis* 3d, each in course were prescribed on their various indications, as the case changed, but without benefit to the patient. *R Kali bichromicum* 3d.

May 30th. Cough improved; number of stools reduced to twelve per day, which are of a golden yellow color, (at times brownish;) preceded by rolling and rumbling in the bowels, and threatened with involuntary stools, accompanied with sharp pains through the abdomen, which drew him up double; followed by prolapsus ani, pain and tenesmus. *R Aloes socot* 30.

6 P.M. Throbbing cephalalgia, dilated pupils, dry red tongue, great thirst; excruciating, clutching pain in the tumor. *R Belladonna* o.

June 1st. All symptoms relieved, had but four stools during the night.

June 7th. All symptoms were aggravated, had sharp shooting pains extending from tumor to breast. *R Conium maculatum* 30.

June 9th. Face cadaverous, with yellowish tinge; lips and eyes anæmic, tongue red, and looked like raw beef; anorexia, burning pain extending across the chest during deglutition; cough remained the same, sensation of burning and aching in tumor improved; pulse, 96; temp., 98½°. *R Con.*

June 12th. Sinking rapidly; stools were more frequent and distressing, burning on deglutition became more intense. *R Arsenicum album* 3d.

June 25th. All conditions greatly aggravated. *R Continued.*

June 26th. Died.

Autopsy June 27th, 1877, 10.30 A. M.—Body greatly emaciated, pericardium contained three ounces of a straw-colored fluid, otherwise normal. Heart: walls, auricles, ventricles and valves normal. Pleuræ: firm adhesions of right pleural sack, left apparently normal. Bronchial glands enlarged and indurated, lungs normal, with the exception of slight thickening and ulceration of the larger bronchial tubes; œdema of lower lobe of left lung, hypostatic congestion in the posterior portion of both lower lobes. Liver normal in size, surface smooth, edges thickened, on section easily broken down; of a mottled yellowish white and brown, all owing to the fatty infiltration. Kidneys apparently normal; peritoneum, vessels distended and tortuous; membrane thickened in the right inguinal region. On further examination found evidence of an extensive inflammatory process, that had caused the molecular death of a large tract of connective tissue in the right internal iliac fossa; leaving a large cavity that contained purulent and fecal matter, with ragged walls extending downward under *Poupart's ligament*, and upward nearly to the kidneys; surrounded by inflamed and indurated tissue, and opening into the ascending colon, which was greatly thickened and ulcerated.

Microscopical examination of the indurated portion revealed a fibrillated tissue, composed of wavy fibres, and in its meshes spindle-shaped cells, but no evidence that indicated a malignant condition.

COOL BUT FRANK.

PROF. LOOMIS is not given to pathos, and the cool way in which he gives his experience in the *Medical Gazette*, of *salicylic acid*, is decidedly refreshing. "In one case," says the Professor, "which was under my care I ordered ten grains every four hours at first, and then every two hours until 140 grains had been taken, when the patient stopped breathing. He got up to take a drink, laid back and died. There was no autopsy, but he gave no evidence of aneurism or arterial rupture. It was a sudden death. We do not understand the effect of *salicylic acid* sufficiently well as yet, and I shall always be more or less suspicious of it until I know it thoroughly. It brings on extreme prostration, and all the symptoms of cinchonism."

HIGH POTENCIES.

SEVERAL of the county societies in the northern part of the State, have adopted resolutions against the admission into the Transactions of the State Society, or the acknowledgment by our school, in any official way, of the provings of Dr. Swan and others, of non-medicinal, inert substances, fluids and compounds, having no fixed chemical form. Strong ground also is taken against high potencies, as being unscientific and non-homœopathic, and resolutions adopted against the support of colleges which advocate the use of the so-called high potencies. The proving and using of high potencies they believe to be useless, unscientific, and discreditable to homœopathy.

STATE PRISON, SING SING.—Dr. Joel D. Madden has been appointed physician to the State prison, Sing Sing, with a salary of \$2,000 per year, and found. The inmates of the prison are about 1,600. There were, Aug. 10th, twenty sick in the hospital, and about one hundred prescriptions a day given in the dispensary. Dr. Madden studied in the office of Dr. Demarest, graduated at the New York Homœopathic Medical College, and served one year as *Interne* in the Homœopathic Charity Hospital, Ward's Island. We wish him that success in his new field of labor, which earnest, intelligent work deserves. In three weeks time the patients in the hospital have been reduced from twenty-one to eight.

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"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and OUGHT to be the ONLY ACKNOWLEDGED RIGHT of an individual to the exercise and honors of his profession."—Code of Medical Ethics, Amer. Med. Ass., Art. IV., Sec. 1.

COLOR BLINDNESS.

"THE homœopaths have hauled down their flag," said the *London Lancet* in a recent editorial on the communication of Dr. Wyld to Dr. Richardson, in which a union of the two great schools is suggested as feasible. The *Lancet* then proceeds to read us a lecture on the moral turpitude of our conduct, and waxing eloquent and emphatic in its indignation, asserts that we can never be received into the true fold until we have renounced every vestige of a principle for which we have contended and humbled ourselves in the dust before our victorious conquerors.

As an illustration of the way in which our flag has been hauled down, and is being trailed in the dust, we quote in another part of THE TIMES a paper prepared by an earnest, thoughtful allopath—who cannot entirely close his mind to the influx of fresh life and new truths—connected with a leading charity, read before a prominent allopathic association, and published in one of the most influential allopathic journals in the world, more liberal, intelligent and honest than its compeers but thoroughly orthodox, with no stain of heresy upon its garments. We give this paper not for any thing new which the homœopathic reader will gather from it, for the facts which it gives are familiar to the merest

tyro in homœopathic therapeutics, but as a curious illustration of *color blindness*.

Our old foes, rancorous as ever, still shouting their old war cry, seem all unconscious that they have hauled down their own flag, have trampled it beneath their feet, and that they have admitted as true every principle for which we contend. When the cry goes up from our ranks, "What are you fighting about? Let us have peace, and let one flag float above us all;" back comes the defiant shout, "No peace with traitors; haul down your flag; to your knees, and cry for mercy!"

Now this must be color blindness, for they seem entirely unconscious that they have kicked over their own platform, and mounted ours; that their own flag has disappeared, and that ours has taken its place, with every color bright and gleaming, as when floating above our ranks, and that they are bearing it above them with all the enthusiasm of new born converts. True, they stumble and blunder along, but they are on the right path, and will learn better by and by.

Frankness and honesty, such as every scientific man should possess, make him not only willing to receive instruction but to acknowledge the source from which it is obtained. If Dr. Dessau, and the school to which he belongs, had a little more moral courage, they would dare be honest, and not deem it necessary to assure the world in using homœopathic facts that they have no leaning towards homœopathy. "Oh, no!" says Dr. Dessau; "I have had too many satisfactory demonstrations of the undoubted efficacy of full doses of medicine in the treatment of certain diseases, to allow me to confine my belief in therapeutics to a single principle as yet known."

Just so, my dear sir. What honest, intelligent practitioner does confine himself to a single principle in therapeutics? Go through the homœopathic ranks and you will find perhaps here and there an extremist, theory mad, who believes in nothing but *similia*, and who would

allow his patient to die unless *similia*, as he understands it, with his poor, fallable judgment could save, but nine hundred and ninety-nine in one thousand of those who are ranked as homœopaths, claim to be physicians in the broadest sense of the word, untrammelled by theory, and ready to use any and every means to save. To them *similia* is a great law of therapeutics, with almost boundless possibilities, but never claimed to be an exclusive law.

In an article written many years ago, in which the law of cure was discussed, we said: "A drug has a two-fold action, one disturbing, irritating or depressing; the other soothing, tonic, and curative. In the one case it may paralyze the vital forces, bringing death; and in the other instill new life into the wasting and decaying form. The effects of *opium* are familiar to all, in massive doses producing stupor, paralysis of all the vital forces, and death; in diminished doses, soothing pain, wooing to gentle sleep, and rousing the waning energies of the nervous system. How delicious the influence of wine upon the exhausted system! How it quickens the pulse, brightens the intellect, and gives strength to weary limbs! And yet taken in excess, or when the system does not require it, you see the effect in the reeling, staggering gait; the idiotic laugh, the wild frenzy or the drunken stupor. In the one case we have the strength-giving action, in the other the drug action.

"In disease we seek for the curative-action of the drug, but the guide to this is in the various phases of the drug action, which we should first understand. The intelligent mind can very readily perceive why the diseased condition of an organ renders it more sensitive to the action of a drug which will produce a like pathological condition, than to one which has no specific action upon that organ. Let the drug be selected then, which we know by actual test on the living organism, will produce like effects to those caused by the disease, and then give it, not to produce its drug action—for we have the coun-

terpart of that in the disease—but in such minute doses as will secure its tonic, soothing, curative action upon the diseased parts. If the drug is given in too large doses, it produces its drug action, increasing the trouble; if in too small doses, it fails to produce the desired effect. We can readily see what a strong light this law of *similia*, rightly understood, casts upon the dark and tortuous windings of disease, and what a guide it often is in the selection of a remedy. The question of dose must of course be left to the individual judgment and experience of the practitioner, and must be gauged by the condition of the patient, his constitution and temperament, and the circumstances by which he is surrounded. We do not claim that all remedial agents act in obedience to the law of *similia*, or that the law forms a complete system of medicine. At times we require agents which act mechanically, like emetics or cathartics, removing obstructions or causes of irritation; at times as palliatives; and again for their chemical action, or simply as food to different parts of the system. No intelligent physician would hesitate for a moment in using medicines freely as indicated in these cases. Their action is no more allopathic than homœopathic. The guiding law is experience and common sense."

Our allopathic friends admit, when driven to the wall, the truth of every principle for which we contend, but still say the law of *similia* is nonsense, and homœopathy quackery. "A rose by any other name will smell as sweet." Only investigate and study our rose honestly and intelligently, and you may call it by any name you like, and swear by all the gods of ancient mythology, that it is a sweet scented peony, the seeds of which were found on the bosom of one of the Egyptian queens exhumed from one of the pyramids.

One more point and we are through. An editorial in the same number in which appeared the article quoted in another part of this issue, says: "The doctrine of homœopathy was not

as such an offense to the profession, but its pretensions and absurd exclusiveness, its claim to absolute perfection and right, and its consequent intolerance of every contrary view." This sounds very plausible, does it not, in the face of the fact of the so-called regulars refusing to recognize as physicians men who have graduated side by side with them in the same schools, because they believe in the law of *similia*? We are the exclusives, are we? Bellevue Hospital and the College of Physicians and Surgeons, refuse to-day to graduate a student with a homœopathic preceptor; and this in defiance of that State law which makes all physicians regular who have passed through a legal course of study. The New York University, with no more love perhaps for homœopathy, is manly enough to make science and not creed the test. They do not care where a young man obtains his knowledge; all they ask is that he shall have it, and that is enough.

You are quite right, Mr. *Record*, in your conclusion. "If there be any significance in the present movement towards a proper understanding between the regulars (?) and the homœopaths, it cannot be difficult for the latter to decide which is the mountain and which Mahomet."

THE PUBLIC HEALTH.

"* * * * who guards his health, his life in turn makes sure;
Prevention far surpasses any cure."

WHEN one is aware of the alarming increase of the disease diphtheria in our midst, from five fatal cases in 1858, to 1,151 in 1873—the latest report we have at hand—as members of a profession so intimately related to the public health, it becomes us to consider whether we are doing our own duty in regard to its *etiology* and *prophylaxis*, as well as to its cure.

Whatever else may be uncertain about the disease, most physicians are now satisfied that the affection is due to agents which emanate from cess-pools, sewers, and the like.

It is in the removal of its causes, either by personal advice as to the means to be employed, or in reporting the case to the Board of Health, with the request for investigation, that the physician can be of immense service in staying this terrible scourge.

There are connected with the Board of Health sanitary inspectors, whose duty it is to examine such premises as are reported to them with the request, as well as some they may think necessary to examine without this request.

Now the physician of experience and observation can do much to influence the necessary changes to free the house from sewer gas, which in the experience of the writer, is to be found in premises wherever a case of diphtheria develops.

In many instances, by a few minutes' examination, he can ascertain the defect upon which the emanation depends, and his advice will be promptly acted upon.

If, however, either from want of knowledge upon the subject, or from disinclination, he should prefer to inform the Board of Health, his request for investigation will be promptly responded to by a competent inspector, who will suggest the necessary changes for relief.

We believe that the physician called upon to treat a zymotic disease, should as a duty make himself familiar with the probable etiology, and thoroughly examine the premises in each and every case, to ascertain and cause to be remedied *at once*, any probable causes found to exist.

Among the most frequent causes is *sewer gas*—so frequently we find basins, tubs, etc., *without* traps. Sometimes the cause may be found under the water-closet, in consequence of perforations in the *lead pipe* used in making the trap at this point, and which with time becomes *oxydized* and easily gives way.

At other times the main soil pipe in the cellar is either constructed of improper material, or has given way in consequence of settling of the building, or some unknown cause, and requires

repair or to be displaced by a new one. In some instances the necessary *trap* at the main sewer has been found to be absent.

In all cases the more *traps* the better. It is always safe to increase the number of traps, and wherever there is a chance we should not hesitate to urge their construction.

There are many other means to be employed when possible, chief among which is the sewer ventilation through the roof.

We have not time or space to enter into the details of this subject, the aim of this article being simply to call attention to our professional relations with the subject, and to urge upon every member of the profession who comes in contact with such diseases, the *responsibility* of his position, and the duty he owes himself, his patients, and to the public health.

HOM. MED. SOCIETY OF THE STATE OF NEW YORK.

I.—THE semi-annual meeting of the State Society, held last October, from a scientific stand-point, was the most successful of any ever held, and may be accounted for chiefly from the fact of the large number of able papers presented, and the interesting discussion which followed their reading.

II.—The *semi-annual meeting* this year will take place at *Utica*, on the *second Tuesday and Wednesday of October*, and we confidently hope, will be more interesting than the last.

III.—In order to accomplish the desired end, the co-operation of *every member* of the society must be obtained, and in the interest of our common cause we appeal for this aid.

IV.—We hope every physician in the State will either be present and take part, or contribute some article through another.—ALFRED K. HILLS, M. D., *Rec.-Secretary*.

SUBACUTE RHEUMATIC ARTHRITIS.—Dr. Davis, in the *Philadelphia Reporter*, looks upon the *iodide of iron* as almost a specific in the above painful and obstinate malady.

CAREFUL analyses show rye to be richer in the elements of life than wheat. It contains more gluten, and is one-third richer than wheat.

Correspondence.

LOCAL APPLICATIONS.—SUPPRESSED NEURALGIA.

BY E. E. GREGG, M. D.

(Continued from page 116.)

To the Editors of THE TIMES.

I will now pass to other cases of suppressed neuralgia than those of the teeth, and with them close this branch of our subject.

In 1863 I was called to attend a little girl suffering from a very severe, dry cough, which had been of a few days' duration. It had evidently arisen from a cold, was much worse afternoons and evenings, and had become of such severity that she coughed the whole night before I was called, almost without cessation, and without sleep. I prescribed *belladonna* 2000, with so happy an effect as to entirely subdue the cough that day, so that she had none of it the following night, slept well, and had none whatever the next morning. Finding at my call that day that the cure had been so sudden, I told the parents something else must almost inevitably follow—either soreness of the throat, toothache, earache, or some other disturbance in a part less vital than the bronchia; and in case anything did manifest itself they must not attempt its treatment themselves, but notify me. The next day I was re-called, and informed that the previous evening she was attacked with earache, for which they tried warm applications, etc., without effect; then dropped *laudanum* into the ear, which relieved her, when she fell asleep. Slept several hours, but awoke the latter part of the night with a violent cough, which had been continuous up to the time of my call that forenoon, and which, for that matter, was almost continuous for the next eight or ten days, in spite of any and all remedies. For three or four days there was scarcely any sleep night or day, from almost incessant coughing, either hacking or in paroxysms. I had never before, and have never since met with so obstinate a cough where no relief could be given, for a few hours at least, by some of our remedies. *Bell.* did nothing whatever this time for her, any more than did other remedies, for eight or ten days, when the cough gradually subsided, as much perhaps from having exhausted itself as from the aid of medicine. And such is often, indeed almost always,

the fact, that suppressed diseases will not yield promptly to medicine, as do the primary and direct attacks, but require many changes of remedies to accomplish a much less satisfactory purpose.

The little patient continued feeble and exhausted for many weeks, and it is a matter of much doubt if her lungs have ever become as strong as they would have been, but for the suppression of the disease from the ear. Had this been allowed to continue, the worst it could have done would have been an abscess in the ear; but there is no question that our remedies would have relieved much of the suffering, prevented the ear from receiving any permanent injury, hastened suppuration, and the discharge of all the diseased matter from her system through that non-vital part, and saved all the vital organs.

February, 1869, I was called to attend a girl aged fourteen, who was suffering from a severe and most obstinate cough, of many weeks standing, which had resisted all efforts for its cure. On careful inquiry I elicited the following history of her case. She was seized eighteen months before with sciatic neuralgia, left hip, from which she suffered much, and which soon resulted in a rigid contraction, or permanent drawing up of the left leg, of five months duration. The disease and rigidity resisting many local applications, they finally employed the same "magnetic doctor," before alluded to, who suppressed the rheumatism in one of my patients, and by persistent and oft-repeated rubbings, he suppressed the sciatica, and the disease then settled in her spine. Pursuing it here, it was soon driven into the back of the head, resulting in a dull, heavy and wearing pain, of daily recurrence; and it was finally driven from there, but only to settle in the right lung, and produce much pain and the obstinate cough mentioned. The pain was dull and partially undefined at first, but finally concentrated at a point in the lung posterior to the outer and lower portion of the right mamma, and there at last became so acute as to entirely prevent a full respiration, with a dry, hacking, and almost constant cough during the latter part of the afternoon and evening. At this juncture I was called, and prescribed *aconite*, and then *bryonia*, without other effect than to move the pain upward in the lung to settle posterior to the second rib, in so acute a form as to cause

almost unendurable suffering with the shortest inspiration. I then prescribed *arsenicum* in a very high potency, with magic effect, it relieving the pain entirely in about ten minutes, and greatly modifying the cough for several days. It proved to be a delusive relief, however, as after a week or two, a severe acute pain arose in the left lung, posterior to the upper part of the left mamma, and the cough increased in severity until it would arise as early as noon, or before, and continue incessantly until midnight or after. She would not pass five minutes at a time during all those hours without a hacking or violent cough, and it was not often that she had even five minutes respite. Her pulse went up to 130 per minute, and the case had in every way a very bad look. After the appearance of the pain in the left lung several remedies were administered without affording the slightest relief, until *sulphur* 6000, was given, which was almost as magical in its immediate effect as was *arsenicum*, and proved to be the curative remedy, *par excellence*, which the latter did not. In twenty-four hours both the pain and cough were greatly modified, and the pulse was much lowered. From that on there was also a rapid giving way of all the lung symptoms, until in a few weeks they were wholly controlled, a good appetite and good digestion were established, and it seemed that the patient was to be restored almost at once to sound health.

But the demands of the law had not yet been complied with, as they must be to ensure a full restoration, as the sequel will prove. Soon after the disappearance of the last of the lung symptoms the patient commenced to suffer, moderately at first, from dull pain in the back of the head. This increased in severity, became of regular daily recurrence, and for a time caused much suffering. At last it yielded, only, however, to give place to the old pain in the back which arose after the suppression of the sciatic disease in the first instance, and there it continued two or three weeks when that was relieved, and then it settled in the left hip, repeating all the symptoms that were produced by it under the first attack, even to the permanent contraction or drawing up of the left leg, so that the foot could not be brought to the floor, and the patient had to go upon crutches for several weeks after she was able in other respects to get about. In all, the contraction lasted about six weeks this

time, and then gave way, letting the leg down so that it could be used, when it strengthened rapidly, and the patient was soon fully restored to good health; the menstrual function was established, and I have never known of her being sick an hour since. No other remedy but *sulphur*, in the potency named, was required from the time that was first prescribed, to complete the entire cure.

June 3d, 1871, I was called to a lady in her fifty-ninth year, who, the summer before, had the entire left breast amputated for cancer, and was now pronounced incurable, from rapidly progressing disease of the lungs. Two years before she had an attack of sciatica, left hip, from getting wet and taking cold. One of our most prominent old-school physicians was called, and treated her with hypodermic injections of *morphine*, and fomentations of hot hops applied to the hip and thigh for several days, which finally subdued the disease there; but immediately upon its disappearance from the hip there commenced an acute *stinging* pain in the upper part of the left breast. This continued as a daily pain, but seemed to cause little or no delay in the patient's recovering strength, which was regained in a seasonable time, and to a degree little if any less than before taken down. But the pain in the breast did not abate; on the contrary, it slowly increased in severity. After enduring it several weeks she consulted her physician in regard to it, and he told her to pay no attention to it, that she must not think of it. Nature was not, however, to be thwarted in this way in the vindication of her laws, or deterred from exacting a most terrible penalty for their violation, even though the victim were the innocent party. The pain in the breast continued month after month, the patient calling upon her physician three or four successive times, with the same admonition from him each time; and he doing nothing, until finally a small tumor formed at the point where the pain existed. This increased rapidly, involving a large portion of the breast; was pronounced to be an unmistakable cancer, and was amputated about one year after the sciatica was suppressed. An incision was made through the skin from just below the inner extremity of the left clavicle, sweeping down across the breast, and out on the side beneath the axilla, a distance of about fifteen inches, and the breast taken out entire. Again nature refused to be thwarted in

her own vindication by any such subterfuge, and commenced the organization of a very hard scirrhus growth on each side of the cut soon after that healed. This increased to such an extent that in ten or eleven months after the operation, when I was first called, there had a cancerous ridge, as large as a lady's wrist, formed on each side of the incision throughout its entire length, and the left axilla had become filled to a prominent convexity with the same, and all of the firmness and density almost of cartilage.

The patient's general health had, of course, been completely shattered by all this, until a species of mucus phthisis arose, which rapidly exhausted the little remnant of vitality left her, and she died July 10th, about five weeks after my first call, a victim to what is, without exception, the most far-reaching and enormous wrong that is perpetrated against human health and life, namely, the suppression of disease, and which is daily and almost universally practiced in every community throughout the civilized world.

If I am met with the assertion or claim that the cancerous development in this case was not from a violation of the law of metastasis, as this has been laid down in the previous articles, and could not have arisen from suppressed sciatic neuralgia, but that it must have come from a cancerous taint in her system, my answer is, first, that not one of her ancestors, as far back as they knew, nor one of her blood relations had ever shown the least indications of such disease; and secondly, it is both fair to claim, and no doubt to a great extent true, that the constant daily suffering of the nerves of a given part, for months together, must cause them to lose control of the proper nutrition of the tissues over which they preside, and cause many abnormal developments, varying with the constitution or idiosyncracies of those attacked.

In this connection I cannot refrain from calling attention to the report of Dr. Parker, of New York, published a few years since in the *Medical Record*, wherein he records nearly one hundred cases, in about two-thirds of which, if memory serves me, there was not a single trace of cancer to be found in the ancestors, or other relatives of the patients, by consanguinity. If my own experience in such cases can be taken as a guide, it is very probable that a large number, if not a majority of Dr. Parker's cases, were

caused more or less directly by previously suppressed symptoms or diseases. But be this as it may, if the explanations presented are not sufficient, this remains to be said, that I sincerely believe there are still deeper conditions and principles back of a simple disturbance of the nervous action of the parts in such cases aiding in the work, which are in strict accordance with the law of metastasis, and which I would like to present in this connection, but cannot encroach so much upon your space.

In the preceding case, where suppressed sciatic neuralgia finally settled in the left lung, immediately behind where it settled in the mamma in this other case, there would most certainly have been an ultimate development of pulmonary abscess or of tubercle, had the disease not been controlled and driven back to its original seat in the hip; and this reversing *curative* process absolutely proved the disease to be identically the same thing in the lung that it was in the hip before driven to the lung. And the conditions and principles alluded to explain fully why in the one case there was cancer as the final result, and in the other there would have been an abscess or a tubercle, had the cause not been radically cured.

In conclusion, I have no hesitation in saying, and this from much experience, that either case could have been speedily and radically cured by the homœopathic remedies, properly selected and administered, without the slightest risk of suppressing the disease, and without severe or protracted suffering, and thus avoided all that followed in both cases—the death of the one and the great danger to the other. And here we must part with this branch of our subject, notwithstanding there are several other important cases that might be given under this head.

To the Editors of THE TIMES.

In looking over your journal for the current month, I find myself, or rather an article which I communicated to the July number, the subject of criticism on the part of Dr. H. N. Guernsey, of Philadelphia, the burden of whose complaint is that while I have "skillfully portrayed the use of a few remedies," I have defaulted in point of numbers; and, *horribile dictu*, I recommend at times topical applications.

In writing the article referred to I have ventured nothing upon *theory*, simply suggesting

those remedies and forms of treatment which have proved of value in my own hands, and are to me of the greatest practical use. Doubtless there are many other remedies yet untried, but so meagrely and unsatisfactorily does our *Materia Medica* touch upon symptoms relating to the eye, ear and throat, that specialists have been obliged to *dig out* from a hard clinical experience, precious remedies, whose value would never have been dreamed of from a study of the *symptomen codex*.

When still greater progress has been made in this direction, we shall be able to give medical "Oliver Twists" more.

But the most incomprehensible part of Dr. Guernsey's letter is contained in the following paragraph: "The pharyngeal tumors to which he (Dr. Whitney) refers, are far more easily managed by the well-chosen constitutional remedy, than the galvano-cautery, or any other topical application that can be invented." * * *

I, my critic not aware, that from the position of these tumors and the rapidity of their growth, the patient is in danger of dying from *suffocation* or *inanition*, while his physician is hunting the "similia" in accordance with the "totality?" In a large clinical experience in the hospitals in this country and Europe, I have seen but *two* cases of pharyngeal tumors, and have treated none, the measures for relief were therefore not *mine*. How many cases, I should like to ask, has Dr. Guernsey *seen*; what number has he *treated*, and what *per cent.* has he *cured*? I am ever willing to sit at the feet of Wisdom. I yield to no man in veneration of Hahnemann, and faith in the precepts he has left for our guidance; but the law of *similia* is not so mighty that it cannot go hand in hand with *experience* and *common sense*. Respectfully yours,

32 W. 24th St., N.Y. E. J. WHITNEY.

A DEFENCE.

Editors HOMŒOPATHIC TIMES:

I see with pleasure that so prominent a homœopathician as Dr. H. N. Guernsey criticizes in the August number, my case of "Puerperal Mania," published in the July TIMES. Professor Guernsey thinks I erred in giving *hyosc.* frequently instead of *one* single dose. But I gave his "one dose" divided into at least thirty or forty parts, *lengthening* the interval as soon as improvement appeared. This was an *acute* case,

not chronic; and I will admit I was following the teaching of my honored preceptor, Samuel Swan, M.D., of New York, who says, "The more intense and rapid the disease the higher should be the potency and the more frequent the repetition." This axiom I have frequently confirmed, and am fully persuaded that, in *acute diseases* the medicine should be frequently repeated, whether you give the mother *tincture* or the millioneth; I must therefore respectfully but firmly maintain, that giving a medicine in a high potency, dissolved in water, as often as every hour in an *acute* disease, until improvement is manifest, is true Hahnemannian homœopathy, and not an error.

Now, as to alleged error No. 2, viz.: giving *merc.* for a new train of important symptoms. These symptoms *I* have no authority for as under *hyosc.*; I regarded them, therefore, as disease and not drug symptoms, and more especially since the indications which called for *hyosc.* were nearly all gone, I therefore sought the *similimum*, and its exhibition being promptly rewarded by relief, I cannot now admit that I erred. I must thank Prof. Guernsey for his kindly criticism, as I believe that is good and healthful, and helps to keep the physician out of ruts; but I must respectfully hold that on these points I am this time not in error.

C. M. CONANT.

THE VALUE OF SMALL AND FREQUENTLY REPEATED DOSES.

BY S. HENRY DESSAU, M.D.

One of the District Physicians to the N.Y. Dispensary and one of the Physicians to the Out-door department of the N. Y. Foundling Asylum.

(Read before the N. Y. Med. Journal Association, June 15, 1877.)

MR. PRESIDENT AND GENTLEMEN:—In response to the kind invitation of your Secretary, I have the honor to present to you the paper of the evening, on the subject of "The Value of Small and Frequently Repeated Doses." In doing so, I regret that my limited experience and lack of necessary facilities will not enable me to furnish you with any very new facts. The object of this paper is more for the purpose of directing your attention and consideration to a feature of the therapeutical art which has only recently received due recognition at the hands of some of our best authorities in this branch of medical study, and to invite your discussion upon its merits.

The scientific spirit that has marked the progress of medical study has encountered more difficulties in the domain of therapeutics than elsewhere, but it has at the same time engendered and cultivated a spirit of liberalism that preeminently entitles us to the use of the term eclectic. We winnow valuable facts from the chaff of our own and others' experience, and appropriate them to the advancement of the medical arts and sciences. In therapeutics especially the presentation of a new fact to the profession invites a series of careful, accurate, and thorough investigations and obser-

vations, that must tend to develop in the end a pathway that may lead us at some future time to that Utopian goal—a scientific therapeutics.

Upon the appearance of that now indispensable little work, *Ringer's Handbook of Therapeutics*, my attention was particularly attracted to the frequency with which he recommends small doses of medicines, that we have been accustomed to use in much larger doses, for entirely different diseases. Some of these remedies were recommended so strongly that I was induced to give them a trial, more especially as my practice among children impels me, for many reasons, to administer as little unpleasant-tasting medicines as possible. Their use with children first having been found satisfactory, my position in connection with the New York Dispensary afforded me the opportunity to further test their value in numerous cases of adults. I submit the results of my experience in the use of these remedies to your consideration.

In the treatment of vomiting in children, whether due to stomach and intestinal disorder, or as a complication of pneumonia, following the recommendation of Ringer I have found the administration of drop doses of the wine of ipecac, repeated every hour, act with the greatest success in checking the vomiting. It also appears to exert a curative effect upon the diarrhoea of children when attended with vomiting, especially that form where the stools resemble those of dysentery. But the vomiting is the symptom that is most markedly benefited. I recall the case of a little patient at the New York Foundling Asylum, suffering from a severe attack of croupous pneumonia, where the stomach was so irritable for the first two days of the attack that not even a spoonful of toast-water would remain. This condition, of course, prevented the retention of any remedies, but after the first dose of a drop of wine of ipecac given in toast-water, the nurse reported that the vomiting entirely ceased and did not return. The remedy was, however, continued for two days longer. Frequently, where other remedies would not be retained in the vomiting of children suffering from acute gastro-intestinal catarrh, the drop dose of wine of ipecac, given in toast-water or the mother's milk, would remain and quiet the stomach to receive other remedies, and, most important of all, the mother's milk. * * *

In the vomiting sometimes following a debauch, especially in women, of which I have seen several severe cases, drop doses of Fowler's solution of arsenic, hourly repeated, appeared to act like a charm. This remedy is also highly recommended by Ringer in the morning vomiting of drunkards, where this symptom is indicative of a chronic affection of the gastric mucous membrane. Here the dose is not so frequently repeated, however, a drop of the solution given three times daily, before meals, being sufficiently often. Where there is a disgust for food, in addition to the morning vomiting, in these cases of chronic alcoholism, I have used a combination of a drop of Fowler's solution of arsenic and from three to five drops of tincture of capsicum, given before meals three times daily, with good success.

In the vomiting which often complicates phthisis pulmonalis and its allied affection, chronic bronchitis, independent of that brought on by the cough, it is of the utmost importance to be possessed of a reliable remedy to check it. * * * It is almost astonishing to observe with what happy success small doses of alum, say from three to five grains, given in solution with some aromatic water, as cinnamon, for instance, acts here.

* * * Rarely does the remedy need to be used beyond twenty-four hours. In a few cases that came under my observation, the vomiting, after having disturbed the patient for several days, has ceased after the second dose of the alum. This is the remedy that was used with such good effect in the case of chronic bronchitis before mentioned.

For experimental purposes, hourly drop doses of wine of antimony were also used in this case, more especially as in certain attacks of the vomiting there was also an acute exacerbation of bronchitis, causing much dyspnoea, with wheezing respiration. The attacks of vomiting and dyspnoea appeared to be speedily relieved by this treatment, although it is fair to state that additional treatment, to produce sweating, was used to relieve the dyspnoea and wheezing.

After some children have passed through an attack of pertussis, especially those of a lymphatic temperament, they are apt to be harassed with a troublesome cough for many months, which appears to be a slow winding up of the original disease, and is often so considered by the mothers. There is a certain amount of laryngeal spasm during the cough, which is liable to induce frequent vomiting. I have seen this condition existing in a severe degree in a child at the New York Foundling Asylum, a year after the original attack, and after the disappearance of the cough for an interval of several months. There is generally no great amount of bronchitis. In such cases I have used small doses of alum, one to three grains given in syrup of wild cherry three times daily, with the result of checking the vomiting speedily and relieving the cough of its spasmodic elements, if not curing it entirely. There is a form of bronchitis seen amongst children, where a large number of coarse mucous rales produce loud wheezing with an asthmatic quality of cough. The wheezing is the symptom that the mother is most likely to complain of, and together with the cough is most intense at night, both almost entirely disappearing during the day. Such cases very readily yield in my practice under the use of tartar emetic, given in solution in the proportion of a grain to the pint of water. Of this solution a teaspoonful is given every one or two hours, with the best results, sometimes, according to Ringer, relieving the noisy wheezing after one or two doses.

Often in children we find a catarrh of the bronchial and intestinal mucous membranes, either co-existing or alternating with each other. When such a condition persists after the employment of the ordinary household remedies, tartar emetic in the same doses of the solution just before mentioned, hourly repeated, will check both catarrhs without the use of further treatment. This plan is, at least, an advantage over the usual one of prescribing separately for the cough and diarrhoea. I am indebted to Ringer for the suggestions of the foregoing treatments.

In the treatment of syphilis we have come, as an almost universal rule, to rely upon the benefit of some form of mercury. That form most ordinarily in favor, in the earlier stages of the disease, is, I doubt not, the protiodide, and that in the more advanced stages the biniodide, in combination, perhaps, with iodide of potassium. Special symptoms will arise, however, during the progress of such treatment, or present themselves primarily for treatment, that do not appear to be immediately influenced by either of the forms of mercury mentioned. Such, for instance, is the cephalalgia that I have seen rack and torment the patient, in spite of large doses of chloral hydrate and bromide of potassium in combination, phosphorus, the hypodermic employment of sulphate of morphia, or even free doses of iodide of potassium, the patient in the meanwhile undergoing a course of mercurial treatment after the plan above mentioned. The iodide of potassium may, however, afford relief from the pain after a certain duration of time, but perhaps not until much exhaustion has been caused by the intense suffering.

Dr. Peter, of Paris, recommends the use of calomel in the one-sixtieth of a grain doses every hour until the pain is relieved. Coming from such respected authority, I determined to use this treatment at the first opportunity. The case presented itself in time, and was a fair one to test the value of the treatment upon. No sleep had been obtained for three nights, and so great was the pain that there was complete anorexia. Before using a dozen of the powders, in which form the calomel was given, relief was obtained and sleep procured. In thirty hours the pain had entirely ceased, and no more powders were used. No signs of mercurial salivation were shown, and the appetite returned as soon as the pain was relieved. This result was a decided advantage over that obtained in another case from iodide of potassium, where it was at least three days before any relief was experienced from pretty free doses. No form of mercury had been previously used in this case, as the cephalalgia was the complaint that caused the patient to seek medical advice. Its syphilitic character was readily determined by the aid of other symptoms present and the history of the case.

A favorite treatment with many physicians in the summer diarrhoeas of children is calomel, either alone or combined with some adjuvants, given in varying doses. I cannot express much of an opinion concerning this treatment, though I doubt not it is of value, when the doses do not exceed a certain limit. I have, however, frequently had occasion to prescribe calomel in doses of $\frac{1}{16}$ of a grain, hourly repeated, in the gastro-intestinal catarrhs of infants, especially where the vomiting was a troublesome element of the complaint, with beneficial results. It is a treatment that I first heard recommended by Prof. J. B. Biddle, of Philadelphia, when I was a student.

Following the suggestions of Ringer, I have lately given preference to mercury with chalk, as the form of mercurial to administer in the summer diarrhoeas of children. The usual dose is $\frac{1}{2}$ of a grain, given either with sugar or with three to five grain doses of subnitrate of bismuth, hourly repeated. Trousseau recommends this preparation of mercury in catarrhal diarrhoeas, but in somewhat larger doses.

In a form of diarrhoea in children, likely to be mistaken for dysentery, but where the general symptoms are mild, and the special features are secondary to the diarrhoea, corrosive-sublimate will be found to render most satisfactory service in effecting a cure. The principal indication for the use of corrosive-sublimate, according to Ringer, is the mucus character of the stools, whether containing blood or not. There may also be more or less straining at stool. I have used the corrosive-sublimate in such cases, in the proportion of a grain to sixteen ounces of water, which is half the strength recommended by Enstace Smith. Ringer recommends a grain to ten ounces of water. Of this solution, a teaspoonful is given every hour, or two hours, as the severity of the case demands. I have seen the character of the stools changed, and the number considerably reduced within six hours under this treatment. Hughes also recommends this treatment in his *Manual of Therapeutics*, a quasi homœopathic work.

Gonorrhœa may be said to be a specific catarrh of the urethra, where every practitioner has his own favorite remedy. This, of course, may depend upon the stage of the complaint, and other modifying circumstances. I here acknowledge my thanks to Prof. Ringer for his valuable suggestions on the treatment of this complaint, in his work, so often quoted by me in this paper. When a case of gonorrhœa can be seen in the first twenty-four hours of the attack, as has been my good fortune in several instances, an injection of a solution of chloride of zinc, one grain to a pint of water, used every hour, will cut short the attack in twenty-four hours. I can bear testimony to this fact. My impression, from the trial of other remedies, is, that an important factor of this treatment is the frequency of repetition of the injection, especially when the agent is mild.

About a year ago, under the head of "Notes of Hospital Practice," there appeared in the *New York Medical Journal* a paragraph on the value of small doses of copaliba in urticaria, as employed by me at the New York Foundling Asylum. Two cases, both of which were of a chronic nature were especially cited to illustrate the beneficial results of this treatment. In these cases, to repeat, the affection had existed for two or three months, unaltered by the usual treatment of salines and purgatives, and afterwards of arsenic and iron. It occurred to me to prescribe drop doses of copaliba three times daily. The theory of the treatment was founded upon a desire to test the value of the *similia similibus curantur* principle. It was a purely tentative treatment with me, though I have since been informed that the same treatment for urticaria had been noticed in some of our numerous medical journals previous to the date of my cases. I have not been able to find any journal containing any information on such subject, and therefore modestly lay claim to the originality of the treatment. I am willing to surrender my claim whenever a worthier claimant for priority presents himself. These cases yielded most gratifying results, and since then I have treated numerous cases in children with a like success, as far as my knowledge of the result of those cases extends.

My main experience with the use of copaliba in urticaria has been amongst children, but I have had occasion to

administer it in an acute attack in the adult. It was a severe one, following the eating of lobster-salad. It had persisted in its severity for three days and nights, before I began the use of the copaiba. Purgatives, saline diuretics and mustard foot-baths had been freely given in the meantime, without any perceptible improvement of the eruption. Drop doses of the copaiba were then given every hour, and in eight hours there was a marked diminution of the eruption, and the next morning it had entirely disappeared. It may have been that this result would have occurred spontaneously, but, following so closely upon the use of copaiba as it did, it appeared to me at least a remarkable coincidence, that justifies further trials of a similar treatment in future cases.

Two cases of retarded menstruation, occurring in healthy females, non-pregnant, and ordinarily regular, have been treated by me with drop doses of fluid extract of ergot, hourly repeated. The menses appeared within twelve hours after treatment was commenced. Both cases were only a few days beyond the regular time, not over five days, and there was no reason to suspect pregnancy, though both were in married women. There were some slight premonitory symptoms of an approaching epoch present in each case. In one of the cases the same treatment was employed a second time, one year after the first, with a like success.

In three cases of epistaxis of a severe degree—one apparently due to vicarious menstruation in a young negress, the second probably due to a lesion of the cardiac valves, in a small girl, and the third likely complicated with the hemorrhagic diathesis, in a male adult—marked benefit was derived from the use of fluid extract of hamamelis given in five-drop doses three times daily. Ringer recommends drop doses of the hamamelis to be given every hour until the bleeding is checked, and then continuing it for a few days in five-drop doses, three times daily.

In one case of heat-flushing, occurring near the menopause, following Ringer I have used $\frac{1}{16}$ to $\frac{1}{8}$ of a minim doses of nitrite of amyl internally every three hours, and an additional dose on flushing. The amyl may be given dissolved in alcohol, two minims to the drachm, and of this three to five drops are taken on a lump of crushed sugar. The result in my case, after one week's treatment, appeared satisfactory, when further sight of the case was lost.

Upon one occasion, on the recommendation of Ringer, I have given a trial to drop doses of tincture of aconite, repeated at first every fifteen minutes for four doses, and subsequently every hour, for the purpose of reducing temperature. The case was a severe and painful attack of pharyngitis accompanied with high fever, occurring in an adult. It was in reality a defaced form of scarlatina, the specific character of which was not at first recognized. After eight hours' use of the aconite, as above described, the temperature was found moderately reduced. Other treatment was then adopted, and the aconite was discontinued. Ringer states, however, that it is doubtful whether aconite will shorten the fever of acute specific disease, as scarlatina, for instance. Bartholow, on the other hand, gives it the highest praise in scarlatina, especially in the eruptive and desquamative stages of the disease.

Aconite receives the highest recommendation, especially for the purpose of reducing temperature and checking inflammatory processes, from both Ringer and Bartholow. The latter speaks of this medicine as a powerful agent which will produce manifest results in small doses, the more frequent use of which in the general profession has been discouraged by a prejudice, on account of its favor with homœopathic practitioners.

Digitalis and belladonna receive considerable notice from the above-mentioned writers for their valuable remedial virtues in small doses. On the subject of digitalis, Ringer remarks: "In all treatment, the object should be to obtain the greatest therapeutical effects with the smallest possible dose of medicine. This is particularly important with a powerful drug like digitalis; for large doses sometimes appear to increase the heart's embarrassment, and relief comes only when the dose is diminished. Further, it is important not to give a larger dose than is necessary, since

it is very likely the patient may require to take it for a long period, and, becoming accustomed to the medicine, the dose which at first did good seems partially to lose its effect and requires augmentation; but this could be done only with the greatest caution, and even then with some hazard, if the maximum quantity had been given in the first instance." Bartholow pronounces strongly in favor of belladonna as a cure for idiopathic erysipelas, especially when affecting the face. He also remarks its prompt action in acute nasal catarrh with profuse watery secretion, and in ordinary sore throat. He advises giving five drops of the tincture as a first dose and repeating with one or two drops every hour. Hughes regards belladonna as displaying wonderful powers in catarrhal throat affections.

Tincture of nux vomica also appears, according to Ringer, to be possessed of real curative powers, when given in drop doses, repeated every five or ten minutes for eight or ten doses and then continued at longer intervals, for "sick headache" accompanied with acute gastric catarrh, whether due to error in diet, constipation, or no apparent cause. He regards it, administered in small and frequently repeated doses, as useful in many disturbances of the gastric function. Cantharides, in the form of the tincture, has received a trial from me, in small and frequently repeated doses. The case was one where there was a frequent desire to urinate, only a small quantity of urine being passed, with much straining, each time. There was no evidence of a lithiasis nor gonorrhœa. The urine did not contain albumen nor blood. There was a small deposit of mucus. I diagnosed the case as a slight vesical catarrh of a subacute character. It had existed for three days. One drop of the tincture of cantharides was ordered every hour, and the next day the patient reported himself as immensely improved, and the second day as well.

Many other medicinal agents are mentioned by Ringer, Bartholow, and other writers, as being valuable and reliable in small and frequently repeated doses, in the treatment of various disorders. My friend, Dr. Geo. H. Fox, has informed me that he has witnessed decided beneficial effects from the use of small doses of pulsatilla in painful menstruation. Many of us have no doubt long been familiar with the use of small doses of castor oil in certain forms of diarrhœa in children. An every-day practice, that has become so common as perhaps not to attract our attention to the fact, is the large use of mineral waters for the cure of various dyspeptic and renal complaints. Here the actual dose of the supposed remedial salts has been shown to be quite small, the only one taken in any appreciable quantity being chloride of sodium, of which we use more in our daily food than is contained in a pint of most mineral waters.

It is a familiar fact, that the most successful treatment for acid dyspepsia now used in the daily practice of the medical profession is the administration of small doses of mineral acids before meals.

Dr. Edward Vanderpool, of this city, in an article on strychnia in tetanus and hydrophobia, published in the *Medical and Surgical Reporter* of May 7, 1870, refers to eight cases of tetanus, seven traumatic and one idiopathic, coming under his care, which he cured with rather large doses of strychnia, giving $\frac{1}{4}$ to $\frac{1}{2}$ of a grain every two hours until relaxation of the muscles took place, when the interval was extended to every six hours. He states that he published full reports of these cases in the *New York Journal of Medicine*, Nov. and Jan Nos. for 1846 and 1847. Hughes quotes these cases in his *Manual of Therapeutics* to prove and substantiate the doctrine of the law of similars. Such remarkable success in such a usually fatal disease ought surely offer encouragement to therapeutists to investigate the action of strychnia in tetanus. If any substantial virtue should be found in the treatment, in all probability smaller doses of such a deadly poison might prove to yield equally brilliant results.

The illustrations I have here offered of the value of small and frequently repeated doses might, from their general tone, lead one to infer that I was favorably inclined towards the homœopathic principle. But such is not the fact. I have had too many satisfactory de-

monstrations of the undoubted efficacy of full doses of medicines in the treatment of certain diseases to allow me to confine my belief in therapeutics to a single principle, as yet known.

While the small doses of the medicines mentioned in this paper have been found so useful, I have also been at times filled with an exultant pride at my success in the treatment of acute dysentery with $\frac{1}{2}$ oz. to 1oz. doses of ipecac, one dose usually effecting a complete cure; or the rapid cure of acute articular rheumatism with large doses of salicylate of soda; the happy effect produced by chlorate of potash in the ulcerative stomatitis of children; the almost specific action of quinia in intermittent fever; and the wonderful influence of tablespoonful doses of tincture of digitalis in delirium tremens.

If, then, I am asked to explain on what principle these small doses act in certain diseases, I reply, on the principle, so far as known, of actual experience (!) This is all we know about it. The homœopaths claim that it is explained by the law of similars, which is no explanation at all; and they pretend to make universal application of this so-called law in the treatment of disease. Trousseau, and Bartholow following him, attribute to it a substitutive action, or, as the latter writer expresses it, the therapeutical action is the physiological antagonist of the disease-action. If I might be so bold as to offer a theory of the action of small doses in the treatment of certain diseases, which in the totality of their symptoms and pathological processes correspond in a measure to the ultimate physiological action of the drug employed, I would submit the following:

Certain medicines in their physiological action manifest a primary stimulative and a secondary sedative effect. By primary stimulative effect I mean the action of the medicine when given in the smallest dose capable of producing appreciable results; and by the secondary sedative effect, the physiological action carried to and beyond the poison line. Opium, for instance, in small doses, is known to act as a stimulant, inducing wakefulness, while in ordinary ones it acts as a sedative narcotic. Alcohol, in small doses, is a general stimulant, while in large ones it is a general sedative. Aconite, in its action upon the heart, in small doses, slows the pulse by its irritative or stimulant action upon the origin of the pneumogastric in the medulla, while in large ones it increases the frequency of the pulse by its paralyzing or sedative action upon the pneumogastric. Upon the authority of Bartholow, camphor manifests one of its stimulant effects in small doses, by increasing sexual appetite, while in large doses it acts as a sedative or antaphrodisiac. In the therapeutical application of the primary stimulative effect of certain medicines, we aim at the same end we accomplish when we use the antiphlogistic touch of nitrate of silver to an ulcerated surface to hasten the healing process, or use a weak solution of sulphate of zinc, to cure a conjunctivitis. What the intimate nature of this therapeutical process is we do not know.

In attempting to explain the therapeutical action of medicines, I agree with Stillé, who says that "whatever else they may do, experiments upon the healthy organism can never fully reveal the manner in which medicines cure disease, because in the latter case an element is involved which does not exist in the former."

In regard to the frequency of repetition of the ordinary dose, it is always necessary to bear in mind the disposition of the remedy to prolong its effects and the average time in which it is eliminated from the system. In respect to the repetition of small doses, this may be important with only a few remedies, as, for example, digitalis and belladonna. It will, I think, be found that the necessity for the frequent repetition of the small dose will be in direct ratio to the acute or chronic character of the complaint. Hourly doses will be best

indicated in acute cases, both to impress the disease quickly and maintain the effect of the remedy; while in chronic cases a more chronic treatment is advisable.

The use of small doses whenever found advantageous may possibly lead to a general investigation of our pharmacopœia, with a view to the employment of the smallest quantity of those drugs, now used in large doses, capable of producing therapeutical results. It might be found safe to reduce the dose of many disagreeable-tasting medicines as the muriate of ammonia, for instance, without impairing their valuable properties; and other valuable remedies likely to be followed by evil results, when given in large doses, might be found all the more valuable when used in smaller ones. It would certainly tend to elevate the standard of medical science in the minds of mothers and delicate invalids, and, at the same time, and above all, assure the physician that there was not so much danger as now of the features of the disease being obscured by the action of the remedy.

The use of small doses, as indicated in this paper, will also no doubt often afford the physician valuable service in relieving many obscure cases where the principal complaint is one or a certain group of symptoms that do not point to any discoverable lesion.—*Medical Record*.

Medical Items and News.

DR. H. R. STILES.—It is with deep regret that we announce the removal from our midst of Dr. Stiles, a gentleman whom we can ill afford to lose from the deliberations of our societies. The Doctor goes to Dundee, Scotland, to make his future home, where inducements await him that are very promising. We have no doubt that the quiet, gentlemanly bearing and geniality which characterize him, together with his extensive experience and professional skill, will assure him a position in his new home, which his thorough fidelity and conscientiousness as a man deserve. We hope our professional brethren abroad will utilize his presence by establishing a homœopathic asylum for the insane in their country, and we are sure Dr. Stiles will be eminently useful in its management. *Vale! vale!*

DR. A. P. THROOP.—We regret to hear that the distinguished president of the N.Y. County Hom. Medical Society, Dr. Throop, partly from family reasons and partly on account of his own health, has removed from this city to Po'keepsie, where he intends to make his future home. We shall miss him in the Medical Board of the Hom. Hospital on Ward's Island, of which he was one of the most active and zealous members; in the County Society, where he was always an intelligent and faithful worker; and in social and professional life, in which he was always the courteous, refined and educated gentleman. We cordially wish him in the new field of work which he has chosen, that success in professional life which he richly deserves.

ATTENTION is called to the advertisement of the "Steam Cooked White Wheat and Oats," sold by Messrs. E. & O. Ward. The principal points in favor of these articles are, that they are *hulled* and *steam cooked*, thereby enabling speedy preparation for the table. Physicians are aware of the great necessity for thorough cooking of starch before presentation to the stomach, and as these articles only require a few minutes' cooking to make them perfectly digestible, we are sure this fact alone will be sufficient recommendation for their use. Send for sample package and try it.

VOL. XIII. of the *Trans. N. Y. State Hom. Med. Society*, is in the hands of the printer, and as only a limited number will be printed, subscriptions, accompanied by \$1 per copy, should be sent *at once* to E. S. Coburn, M.D., Treasurer, Troy, N. Y. The printer must know *immediately* the number of copies required. This volume, from a scientific stand-point, bids fair to be the most valuable ever issued by the Society, and will contain very little except papers of a professional character. Copies of former issues can also be obtained as above, at reasonable rates.

THE census of the Homœopathic Hospital, Ward's Island, reached 670 recently, the largest number ever yet recorded in that institution, with the lightest death-rate of any previous month, viz., .03875. The institution has certainly demonstrated its sphere of usefulness, and proved that a large hospital may be successfully carried on under a board of homœopathic physicians and surgeons. Clinical lectures by members of the Medical Board will soon be commenced, and an excellent opportunity afforded for the study of disease.

HUNGARIAN WINES.—It will be seen by Mr. L. Reich's advertisement, that however widely men may differ about the truth of different medical theories and the comparative value of drugs, there is one point upon which the leading men of all schools are agreed, and that is, the excellence of Mr. Reich's Hungarian wines, and the absolute purity of his Tokay, probably the finest nerve food of any wine in the world. We congratulate Mr. Reich in having united the medical profession in this one thing.

THE report of the Commissioners of Public Charities and Correction for 1876, has just been issued, and shows the death-rate of our hospitals as follows, viz.: Bellevue, 12½ per cent.; Charity, 8½; Homœopathic, 6½. Daily per capita expense: Homœopathic, 27c.; Charity, 32c.; Bellevue, 42c.; Fever Hospital, 43c.; 99th st., 75c.

WE congratulate Hahnemann College, Chicago, on the acquisition of our esteemed colleague, Dr. A. S. Couch, to its Chair of Pathology, as we believe a better selection could not have been made, and the Doctor, whose loss to our State we lament, must be congratulated for the extension of his field of labor.

N. Y. OPHTHALMIC HOSPITAL for Eye and Ear, cor. Third ave. and 23d street.—Report for Month of August; No. prescriptions, 3,000; new patients, 458; patients resident in hospital, 25; average daily attendance, 111; largest, 172.—ALFRED WANSTALL, M.D., *Resident Surgeon*.

THE Hahnemann Club, a very active society in Philadelphia, has established at 8th and Poplar streets, the "Children's Hom. Hospital," and there is also a thriving dispensary for general diseases connected. There is also a Children's hospital in West Philadelphia.

THE volume of papers of the late Dr. Carroll Dunham is sold at \$4 instead of \$5, as stated in our last. The book should be in the hands of every homœopathist, lay as well as professional. Address Carroll Dunham, Jr., Irvington-on-Hudson.

SEVERAL county societies have passed resolutions "deprecating the attempt of any society or individual to restrict the exercise of individual opinion and action, as tending in the direction of bigotry and intolerance."

HORLICK'S FOOD has stood the test of time, and now stands unsurpassed in excellence as an article of food for infants and invalids. Every physician should try it, and thus add to his *armamentarium* of articles of diet.

OUR readers will please bear in mind that the semi-annual meeting of the State Society will take place at Utica, on October 9th and 10th next, and a most interesting occasion may be anticipated.

BAROMETERS.—In Paris artificial flowers are sold, made of paper soaked in a solution of *chloride of cobalt*, and called "barometers," because their color changes with the degree of moisture in the air.

THE Dispensary of the Brooklyn Hom. Hospital, 109 Cumberland st., treated during August, 1,371 new patients, and dispensed 2,693 prescriptions.—A. A. CAMP, *Apothecary*.

REPORT of the Eastern Dist. Hom. Dispensary, Brooklyn, for the month of August, gives the following: Total prescriptions, 1,169; No. new patients, 681.

MRS. A. M. TAPPING, a professional nurse, with first-class testimonials, can be engaged by addressing her at 204 East 17th street.

PENNSYLVANIA State Society meets at Philadelphia October 3d and 4th next.